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BIB DATA SHEET

CONFIRMATION NO. 8863

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/585,987	10/31/2006 RULE	604	3763	1502-84PCTUSCIP

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US04/36339 11/01/2004

**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA 10/698,869 10/13/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
03/30/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance NRP Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MO	16	40	6

ADDRESS

Tyco Healthcare Group LP
 d/b/a Covidien
 15 Hampshire Street
 Mansfield, MA 02048
 UNITED STATES

TITLE

Safety shield

FILING FEE RECEIVED 2630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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